

## GreenStart Application for Compliance Assistance Consultation



### Request for Compliance Assistance

Date: \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ Municipality \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Location Address (if different than mailing address):

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Do you have an environmental manager or environmental consultant? ☐ Yes ☐ No

If you are a small business, how many full-time employees do you have company-wide? \_\_\_\_\_

If you are a local government, how many residents do you serve? \_\_\_\_\_

Describe the nature of your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIC Code (if known) \_\_\_\_\_

If you presently have existing NJDEP permits, on the following pages please insert the permit numbers where applicable.

Type of assistance requested (you may check more than one media program):

☐ Air      APC Plant Id#: \_\_\_\_\_

Permit #(s): \_\_\_\_\_

Description of assistance requested: \_\_\_\_\_

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☐ Water      Permit #(s): \_\_\_\_\_

Description of assistance requested: \_\_\_\_\_

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☐ Hazardous      USEPA ID#:    NJ \_\_\_\_\_

Waste      Description of assistance requested: \_\_\_\_\_

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☐ Solid      Registration/Permit #: \_\_\_\_\_

Waste      Registration/Permit Type: \_\_\_\_\_

Description of assistance requested: \_\_\_\_\_

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☐ Toxic      TCPA Id#: \_\_\_\_\_  
Catastrophe Description of assistance requested: \_\_\_\_\_  
Prevention \_\_\_\_\_  
Act \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Discharge      Facility Id#: \_\_\_\_\_  
Prevention, Description of assistance requested: \_\_\_\_\_  
Containment \_\_\_\_\_  
& Counter- \_\_\_\_\_  
measures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Right to      Employer Identification Number (EIN): \_\_\_\_\_  
Know      Description of assistance requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Pesticide      Registration Number: \_\_\_\_\_  
Control      Description of assistance requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\* Are you currently involved with the Department in any ongoing enforcement matters? ☐ Yes ☐ No

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct. Any false information provided in the application could result in the rejection of the GreenStart request. The Department will waive penalties for the vast majority of violations but reserves the right to issue penalties for severe environmental or public health issues. The Department will assist the facility in addressing any minor violations without penalty, with the provision of a grace period not to exceed 90 days, in accordance with N.J.S.A. 13:1D-125 et seq.

Signature \_\_\_\_\_

\* The Department will not provide on-site compliance assistance under this pilot program in connection with any matter that is the subject of an ongoing investigation or pending enforcement action.

Is there any other type of assistance you need from the Department? ☐ Yes ☐ No

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail, Fax, or Email completed application to:

N.J. Department of Environmental Protection  
GreenStart  
401 East State Street, P.O. Box 422  
Trenton, New Jersey 08625-0422

Phone: (609) 292-1305  
Fax: (609) 984-9658  
Email: [GreenStart@dep.state.nj.us](mailto:GreenStart@dep.state.nj.us)

